

DANE COUNTY SHERIFF'S OFFICE
Incident Report

LOG	PRECINCT <i>WE</i>	CASE NO. <i>98-011295</i>
COMPUTER	AGENCY	REFERENCE NO.

INCIDENT	INCIDENT <i>with investigation</i>	DANE CODE <i>3590</i>	OCCURRED FROM/OR ON <i>Wed</i>	MO <i>03</i>	DAY <i>03</i>	YR <i>98</i>	TIME <i>2200</i>	REFERENCE NO.
	ADDRESS OF OCCURRENCE <i>109 S. Military Road</i>	APT	OCCURRED TO <i>Wed</i>	MO <i>03</i>	DAY <i>04</i>	YR <i>98</i>	TIME <i>0700</i>	ALARM
	CITY/VILLAGE/TOWNSHIP OF OCCURRENCE <i>Dane</i>	LOC CODE <i>VDAN</i>	REPORTED ON <i>Wed</i>	MO <i>03</i>	DAY <i>04</i>	YR <i>98</i>	TIME <i>0700</i>	SUP <i>X</i>
								PERS <i>X</i>
COMPLAINANT	COMPLAINANT'S NAME (Last, First, M.I. or Firm Name) <i>Kum, Alfred J</i>	SEX <i>M</i>	RACE <i>W</i>	D.O.B. <i>04-15-30</i>	AGE <i>67</i>	M/S <i>S</i>	HOME PHONE <i>849-5610</i>	BUSINESS PHONE
	ADDRESS <i>109 S. Military Road</i>	APT	CITY/VILLAGE/STATE <i>Dane, WI</i>	CONTACT THROUGH				
	EMPLOYMENT/SCHOOL <i>St. Michael's Catholic Church</i>	OCCUPATION/GRADE <i>Priest</i>		HOURS		CONTACT PHONE		
	REPORTED BY (Last, First, M.I.) <i>Jackson, Brian Joseph</i>	SEX <i>M</i>	RACE <i>W</i>	D.O.B. <i>[redacted]</i>	AGE <i>24</i>	HOME PHONE <i>[redacted]</i>	BUS/CONTACT PHONE	
REPORT BY	ADDRESS <i>[redacted]</i>	APT	CITY/VILLAGE/STATE <i>Sauk City, WI 53583</i>	CONTACT THROUGH				
	EMPLOYMENT/SCHOOL <i>St. Michael's Catholic School</i>	OCCUPATION/GRADE <i>7-8th Grade Teacher</i>		HOURS		REPORTED TO 911 <i>Center</i>		
	<input checked="" type="checkbox"/> PHONE <input type="checkbox"/> PERSONAL CONTACT							

SHADED AREA FOR COMPUTER ENTRY
Mrs. Jackson arrived for work and found a deceased subject in the school. (99)

ADDITIONAL INFORMATION
See supplements for additional details!

MAKE	MODEL	SERIAL NUMBER	DESCRIPTION	VALUE	ENTERED

STOLEN	REG. NO.	ST	YR	VIN	MAKE	YR	MODEL	VALUE	ENTERED

TOWED	COLOR TOP/BOTTOM	I.D. CHARACTERISTICS	TOTAL

NON-RES. STRUCTURE	RESIDENT STRUCTURE	ENTRY/EXIT POINT	TOOL USED	LOCATION	TARGET(S)
1 <input type="checkbox"/> Convenience	1 <input type="checkbox"/> House	1 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Jimmy Type	1 <input type="checkbox"/> Vehicle	1 <input type="checkbox"/> Cash
2 <input type="checkbox"/> Drug	2 <input type="checkbox"/> Farm	2 <input type="checkbox"/> Front	2 <input type="checkbox"/> Pipewrench Type	2 <input type="checkbox"/> Mailbox	2 <input type="checkbox"/> Jewelry
3 <input type="checkbox"/> Medical	3 <input type="checkbox"/> Apt/Condo	3 <input type="checkbox"/> Garage	3 <input type="checkbox"/> Hammer Type	3 <input type="checkbox"/> Living Area	3 <input type="checkbox"/> Small Appliances
4 <input type="checkbox"/> Financial	4 <input type="checkbox"/> Duplex	4 <input type="checkbox"/> Rear	4 <input type="checkbox"/> Bolt Cutter Type	4 <input type="checkbox"/> Safe/Box	4 <input type="checkbox"/> Firearms
5 <input type="checkbox"/> Mfg./Const.	5 <input type="checkbox"/> Mobile/Camper	5 <input type="checkbox"/> Side	5 <input type="checkbox"/> Saw Type	5 <input type="checkbox"/> Office Area	5 <input type="checkbox"/> TV/Stereo/Camera
6 <input type="checkbox"/> Retail	6 <input type="checkbox"/> Hotel/Motel	6 <input type="checkbox"/> Door	6 <input type="checkbox"/> Force	6 <input type="checkbox"/> Vending Machine	6 <input type="checkbox"/> Tools
7 <input type="checkbox"/> Public Building	7 <input type="checkbox"/> Other	7 <input type="checkbox"/> Duct/Vent	WEATHER	7 <input type="checkbox"/> Garage/Carport	7 <input type="checkbox"/> Auto Parts
8 <input type="checkbox"/> Restaurant/Bar		8 <input type="checkbox"/> Roof/Floor	1 <input type="checkbox"/> Clear	8 <input type="checkbox"/> Storage	8 <input type="checkbox"/> Sporting Goods
9 <input type="checkbox"/> Transportation	LIGHT	9 <input type="checkbox"/> Trunk/Hood	2 <input type="checkbox"/> Rain	9 <input type="checkbox"/> Other	9 <input type="checkbox"/> Collectibles
10 <input type="checkbox"/> Wholesale	1 <input type="checkbox"/> Day	10 <input type="checkbox"/> Wall	3 <input type="checkbox"/> Snow		10 <input type="checkbox"/> Animals
11 <input type="checkbox"/> Service Station	2 <input type="checkbox"/> Night	11 <input type="checkbox"/> Window	4 <input type="checkbox"/> Fog		11 <input type="checkbox"/> Other
12 <input type="checkbox"/> Other	3 <input type="checkbox"/> Twilight	12 <input type="checkbox"/> Other	5 <input type="checkbox"/> Cloudy		

DEPUTY'S SIGNATURE <i>David Cattana</i>	DATE <i>03-04-98</i>	ASSISTING DEPUTIES	UCR	VALUE STOLEN
ASSIGNED TO	BY	DATE	STATUS	STATUS REMARKS
				VALUE RECOVERED

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